ADVISORY COMMITTEE of the COMMISSION FOR MH/DD/SAS
October 1, 2002

Commission Members Present: Ellen Holliman; Dorothy Crawford; Judy Lewis; Lou Adkins; Martha Martinat; Emily Moore; Fredrica Turner Stell; Donald Stedman; Marvin Swartz, Albert Fisher

Others: Erin Drinnin, Diane Pomper; Sam Stell; Irene Zipper, Karen Stallings; Tom Bacon; Art Robarge; John Crawford, Marilyn Brothers

Dr. Donald Stedman called the Advisory Committee meeting to order at 10:00 a.m.

Dr. Stedman explained that the agenda for the meeting included receiving education and information from the invited speakers. The afternoon would be spent formulating issues on which to provide advice back to the Commission to consider.

Presentations

Dr. Stedman recognized Dr. Tom Bacon and Dr. Karen Stallings to discuss the North Carolina AHEC Program. Some of the areas Dr. Bacon and Dr. .Stallings discussed included the AHEC mission; some of the major AHEC program activities; AHEC Mental Health Education and Training Resources; Continuing Education Programs; Mental Health Training for Primary Care Providers; etc. (A copy of the presentation is attached.)

Dr. Stedman next introduced Dr. Art Robarge. Dr. Robarge is the Director of the Consortium for Technical Assistance in the Western Region. Dr. Robarge noted that the fundamental objective of the system redesign initiatives of the DMH/DD/SAS is to change the manner in which services are provided to individuals with disabilities. The major characteristics of that system include 1) a commitment to a collaborative partnership of public and private interests 2) an emphasis on a strong community role in development and maintenance of an effective local system. Decisions that most directly effect consumers and families need to be made at the level closest to that consumer/facility-the community; 3) community inclusion and consumer choice are fundamental components in systems that promote full citizenship, facilitate access to services, and produce better outcomes and higher consumer satisfaction. Dr. Robarge noted that for North Carolina to succeed in creating a community based, consumer driven mental health system, extensive planning, training and technical assistance from across a universe of diverse topics will be required. As a result, for communities to get the necessary expertise to address these complex system issues, it will involve accessing the comprehensive, state of the art training and technical assistance resources that reside within the Community College and University Systems, the AHEC's and the mental health agencies that serve this region. The Consortium is designed to provide access to that technical assistance to communities in the western region. If successful, a similar

Consortium may be established in the eastern and central regions of NC. (A copy of Dr. Robarge's presentation is attached.)

Dr. Stedman next introduced Dr. Irene Zipper with the Family Support Network of NC. Dr. Zipper noted that the mission of this organization is to enhance the lives and development of children with mental health, developmental disabilities, and substance abuse problems and their families. She noted that families with children with disabilities often have limited information and often do not know where to go to get the information they need about their child's disability. Dr. Zipper stated when one is thinking about supporting the child, one would also include the family and the community thereby connecting with all aspects of the community that are supportive to the family. Dr. Zipper noted that ultimately the Family Support Network is about supporting and strengthening the ability of parents to enhance their child's wellbeing development. She stated it is difficult for families to know how to access the system, how to move from one organization to another, where the agencies are located, etc. Dr. Zipper stated there are 18 local Family Support Network programs across NC.
Dr. Zipper noted it is important within the Family Support Network that families that have children with like disabilities are connected together to provide support to each other. Dr. Zipper noted some of the goals within the Family Support Network are to strengthen the connections among the 18 programs to use each other more of a resource than in the past. Another goal deals with education, eg. videoconference so that they can connect with each other, and provide training. Dr. Zipper stated they are publishing their literature in Spanish and are working toward trying to establish a Spanish speaking support therapy. Dr. Zipper noted there is a Central Directory of Resources which is made up of agencies providing services; parent programs; support groups; disability organizations and advocacy programs that are available locally and across the state. She noted this is a very important resource available that people should use. Dr. Zipper noted the Family Support Network has an outreach library with books, video and training materials. Other programs include the Early Intervention Mentor Program, Family Advocacy Project, etc. Dr. Zipper noted there are new opportunities for families in how they participate in service system design, service system development, and in service planning. In order to participant in this, families need training. The Family Support Network of NC is all about providing and promoting family support. Dr. Zipper stated future directions for the Family Support Network include looking at their relationship within UNC. Currently they are a part of the medical school and work in collaboration with the Center for Developmental Learning.

Dr. Stedman thanked all the presenters for their informative presentations.

Meeting Dates
The meeting dates for the 2003 Advisory Committee meetings were discussed. The dates considered were the Thursday that followed the Rules Committee meetings. These dates are as follows: January 9th; April 3rd; July 10th; October 2nd . The location for future meetings was discussed, especially whether to meet at sites outside of Raleigh. Since some Commission members attend both the Rules Committee meeting and the Advisory Committee meeting, it was decided that Dr. Stedman would talk with Floyd McCullouch,

Chairman of the Rules Committee to determine if they would be interested in having both committees meet elsewhere in the state. It was also decided the dates presented would be dates we would keep and further discussions would be held regarding the location of these meetings.

Report on Presentation to NC School Boards Association
Dr. Stedman reported on the 9/13/02 presentation he made to the NC School Boards Association on the mental health reform plan. Dr. Stedman noted the state-wide reform was news to this group. He stated they were very interested in the reform since the school systems are seeking local taxation authority from the legislature and also since every contract that any local school board has with an area mental health provider or any provider may have to be realigned.

As a result of the information they received from these discussions, the NC School Boards Association agreed to include in their monthly packet that is mailed to all the local school boards, information regarding the mental health reform. It was recommended that the information also be sent to the school superintendents.

Dr. Stedman also reported that every Fall and every Spring, the NC School Boards Association sponsors a two day workshop in each of the twelve regions of the state. They have agreed to add a 45-minute workshop to each of their Spring 2003 regional workshops on the mental health reform. We will need to help them identify a speaker for these workshops and will be working with them to assist them with this effort.

Rest Home Concerns Discussion
Dr. Marvin Schwartz brought up the issue regarding the current status of rest homes. The discussion included how sometimes poor management is the reason rest homes may be closed often resulting in displacing frail elderly and mentally ill people. There is a law where the state can ask a judge for an immediate order to appoint a temporary manager for problem nursing and rest homes but due to the lack of money, the law has never been used. Licensing fees and fines collected were intended to cover cost whenever this law was used; however, funds needed for such contingencies has been empty due to a court order which sent the money back to the school districts.

Dr. Schwartz spoke of the need to try and improve rest homes. He discussed the need to look further into the current law and advise the Secretary regarding the need to established contingency funds for this law.

It was decided for the Commission's approval, a resolution would be formulated that would be sent to the Secretary advising her to look to this law as a way to making rest homes better.

Meeting With Division Director
Dr. Stedman reported on the meeting he and Ellen had with Dr. Visingardi and Don Willis to get top categories of issues on which he would like to have advice from the Commission. Dr. Visingardi noted the following: LME's development issue-how to help the LMEs develop and become effective LMEs; fiscal policy-will there be significant

redirection of funding pathways (discussion whether the Commission has the capacity to look at this very complex task); and transitioning resources in program activities from facilities to communities. These three items will be included with others as the Advisory Committee decides issue priorities for the next year.

Resolution Regarding Dix Property
Due to concerns regarding how the Dix property may be used, it was decided for the Commission's approval, the Advisory Committee will formulate a resolution to be sent to the Secretary with recommendations regarding how the Dix property should be used.

Commission Needs Assessment
Dr. Stedman noted that Pender McElroy, Chairman of the Commission, has requested that the Advisory Committee assist Erin Drinnin, intern for the Commission, with her task of identifying information and education tools the Commission needs. One area Erin identified was the lack of incoming orientation for new Commission members. Other issues include the state plan and issues from the plan, and the needs assessment which was created to find out what issues are important to the Commission. The Advisory Committee recommended adding housing to the list and concerns regarding the lack or review and monitoring of group homes, etc. The issues identified by Dr. Visginardi should also be included to the list. Other areas to be added included guardianship issues and barriers to services.

Mission Statement Review/Revision
Dr. Stedman announced that Mr. McElroy has asked the Advisory Committee to review the mission statement of the Commission. He asked Ellen Holliman will chair a sub-committee to review and revise the current mission statement for the Commission. The sub-group will also include Dr. Stedman and Dr. Marvin Swartz. The Advisory Committee will review the draft at the January 9, 2003 Advisory Commission meeting.

There being no further business, the meeting was adjourned at 3:15 p.m.

State Mental Health, Developmental Disabilities and Substance Abuse Services Plan:
A Blueprint of Change
Consortium for Development of Community Supports
(CDCS)
Arthur J. Robarge, Ph.D. , M.B.A.

Introduction:

The fundamental objective of the system redesign initiatives of the Division of Mental Health, Developmental Retardation and Substance Abuse is to change the manner in which services are provided to individuals with disabilities. Specifically, the major characteristics of that system are:

- A commitment to a collaborative partnership of public and private interests. Neither alone produces the most efficient results.
- An emphasis on a strong community role in development and maintenance of an effective local system. Decisions that most directly effect consumers and families need to be made at the level closest to that consumer/family - the community.
- Community inclusion and consumer choice are fundamental components in systems that promote full citizenship, facilitate access to services, and produce better outcomes and higher consumer satisfaction.

Background:

At the state level, a comprehensive review and modification of the operating system within which the Division currently operates is required. The redesign of our system to one that emphasizes expanding local private provider networks, community participation in services, consumer choice and involvement in decision making will necessitate major changes in the Division's financial, legislative, governance, and administrative infrastructure in order to effectively support this change in management, focus, and service delivery.

At the local level, significant expansion in the amount, intensity, location, and diversity of community support services and providers is required. A community based system and a corresponding decreased emphasis on centralized state administered facilities entails expansion in the types of supports and services available at the local level. At the same time however, it is recognized that the economic conditions within the state preclude any significant infusion of additional funds by which to effect the system redesign. Creation of the necessary systems, supports and competencies needed to achieve a community based service system for individuals with disabilities will have to occur within existing resources.

Purpose:

The Consortium for Development of Community Supports (CDCS) for individuals with disabilities is an initiative to create a coordinated mechanism by which to make these resources and expertise in technical assistance and training available to community providers, local management entities (LMEs), advocates and individuals with disabilities.

The CDCS was created in response to these economic externalities. Its goal is to assist the Division to supplement and enhance the expertise of area programs (LMEs) and other mental health organizations by accessing the knowledge and experience in the fields of allied health, nursing, education, and business, etc. that exist within the universities, community colleges and Area Health Education Centers in the Western Region of North Carolina. Our purpose today is to request your input and assistance in the establishment of a collaborative alliance among our various agencies in order to provide the necessary training and technical assistance that area programs (LMEs), providers, advocates, and consumers will require to successfully create a community based system of care for individuals with disabilities.

Action Plan:

For the Consortium to be an effective contributor to the system redesign effort will require that the CDCS activities result in:

1. An understanding of the state plan, its requirement, timeframes
2. A focus on issues and problems
3. An advisory board of University, AHEC, LME, Community College, and facility and mental health personnel to provide direction and guidance to Consortium Activities
4. A mechanism for establishing priorities and assigning work
5. An evaluation protocol for evaluating processes and products

The CDCS will initiate the following activities in an effort to achieve the objectives outlined above:

1. Conduct systematic needs assessment: Develop a process to identify the current business, clinical, organizational, and program development and training needs of community based disability organizations. These assessments will complement the extensive needs assessment and analyses already conducted by mental health agencies, AHECs, the community colleges, and universities by concentrating on those identified areas of the state redesign plan requiring competencies and skills that had not previously been necessary.

2. Complete a Technical Assistance Inventory of those services and programs already developed within our various agencies that can address current technical assistance and human resource training needs of community based programs.

3. Identify emerging issues in health education and training. Design, implement and deliver a comprehensive curricula of training and technical assistance to respond to these training

needs by accessing and utilizing the significant expertise available within the collaborative network.

4. Improve community understanding, prevention and treatment of individuals by promoting and supporting collaboration between consortium members in areas of best practice, applied research, continuing education, professional, and paraprofessional training in a variety of disciplines.

5. Coordinate existing training and technical assistance programs offered by consortium partners through expansion of joint ventures in areas of medicine, psychology, education nursing, and pharmacy, etc.

6. Facilitate access to Tele-education technology and equipment, personnel and distance education experience of consortium members - a critical factor in the delivery of technical assistance and training in rural Western North Carolina.

Summary and Recommendations:

For North Carolina to succeed in creating a community based, consumer driven mental health system will require extensive planning, training and technical assistance across a universe of diverse topics that include: clinical best practice, community organization, finance, market demand analysis, pricing and delivery systems etc. These requirements exceed the current human resource capabilities and expertise of the Department of Health and Human Services and of the Division of MH/DD/SAS. Further, the budget crisis confronting the State make any expectation of additional resources to address these issues unrealistic.

As a result, the acquisition of the necessary expertise to address these complex system issues will involve accessing the comprehensive, state of the art training and technical assistance resources that reside within the Community College and University Systems, the AHEC's and the mental health agencies that serve this region. We have a rich tradition in Western Carolina of collaboration and cooperation in order to address health care issues in our region. The focus of the meeting today is to build upon the rich tradition in Western North Carolina of collaboration and cooperation in addressing health care issues to request your assistance in exploring how our separate organizations can assist the Division of Mental Health in developing a community based service system for individuals with disabilities.